## EMPLOYEES' RETIREMENT SYSTEM – STATE OF HAWAII 201 Merchant Street, Suite 1400 Honolulu, Hawaii 96813-2980

Phone: 586-1735

Return this form to your Personnel Office immediately.

## MEMBERSHIP ENROLLMENT FORM

## PART I (MEMBER TO COMPLETE – PLEASE PRINT) \_\_\_\_\_ S.S.No. \_\_\_\_\_ First Name Middle Last Former Name (as State/County employee) \_\_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_ Zip Code [ ] Female [ ] Male Mailing Address \_\_\_\_\_ Number / Street / PO Box City State [ ] State [ ] County of \_\_\_\_\_ Department/Division/School \_\_\_\_\_ Marital Status: [ ] Single [ ] Married Business Phone No. Are you currently employed by another State/County agency? [ ] No [ ] Yes (Specify below) State County of \_\_\_\_\_ Department/Division/School \_\_\_\_\_ **MEMBERSHIP STATUS**: (Check and complete Section A, B, C or D) A. NEW MEMBER You were never a member of the Employees' Retirement System (ERS) PRIOR to your present employment. You will be enrolled in the Hybrid Plan unless you are employed in a position which requires you to be a member of the Contributory Plan (police officer, fire fighter, judge, elected/legislative officer or an investigator in a designated category). **B. ERS RETIREE RETURNING TO SERVICE** You will be a member of the SAME retirement plan that you retired from unless you are receiving serviceconnected occupational disability retirement. Notify the ERS immediately of your return to work. • Indicate the plan you retired under (check one): [ ] Contributory [ ] Noncontributory [ ] Hybrid **C. TRANSFER** Transferring from State to County or vice versa. D. RETURNING MEMBER • You terminated or resigned and you are now back in service after a break in service of at least 1 working day. • Check the one situation (item 1-9) that best describes your circumstance. 1. You are returning to service as a police officer, fire fighter, judge, elected/legislative officer or an investigator in a designated category. Check with your personnel office if this is applicable to you. • You will be enrolled in the Contributory Plan. • Complete Form EC&B-24 (Claim for Service) if you were in the (1) Noncontributory Plan and terminated service with less than ten (10) years of service; or (2) Contributory or Hybrid Plan and your contributions were refunded after termination. 2. You were a Contributory Plan member who, while employed by the State or a county: (1) made a voluntary election to join the Noncontributory Plan (not applicable to the 1984 election): AND (2) received

• Complete Form EC&B-24 (Claim for Service) to list your previous service.

a refund of the contributions you made after December 31, 1987.

requiring membership in the Contributory Plan (see item 1).

• You will be enrolled in the Noncontributory Plan unless your new employment is in a position

	Membership at the time of termination of	or resignation: HYBRID PLAN		
	<ul><li>3. CONTRIBUTIONS NOT REFUNDS</li><li>You will be enrolled in the Hy</li></ul>			
	<ul><li>4. CONTRIBUTIONS REFUNDED AF</li><li>You will be enrolled in the H</li></ul>	ybrid Plan.		
	Complete Form EC&B-24 (C)	claim for Service) to list your previous service	Э.	
	Membership at the time of termination of	or resignation: NONCONTRIBUTORY PLA	AN	
	5. TEN (10) OR MORE YEARS OF (  • You will be enrolled in the H	REDITED NONCONTRIBUTORY SERVICE (VESTED)  orid Plan.		
	You will be enrolled in the H	CREDITED NONCONTRIBUTORY SERVICE (Nybrid Plan. Claim for Service) to list your previous service		
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	•	bership at the time of termination or resignation: CONTRIBUTORY PLAN		
	<ul> <li>You must decide within 30 calendar days of your selection within 30 calendar days of your selection.</li> <li>If you transfer to the Hybrid In the Hybrid</li></ul>	CREDITED SERVICE AND CONTRIBUTIONS Not alendar days of your return to service wheth must be made on Form EC&B 125, Contribution return to service or you will remain in the Plan, your department will refund any contributions for the Hybrid Plans required contributions for the Hybrid Plans.	er you wish to transfer to the utory/Hybrid Plan Election Forme Contributory Plan. Dutions you made since your	
	<ul> <li>8. LESS THAN FIVE (5) YEARS OF CREDITED SERVICE AND CONTRIBUTIONS NOT REFUNDED (NOT VESTED)</li> <li>You will be enrolled in the Hybrid Plan.</li> <li>If you returned to service after four calendar years of your termination your Contributory Plan contributions will be refunded to you: <ul> <li>(1) Upon your return, if the total amount of your contributions and any interest is \$1,000 or less, OR</li> <li>(2) Upon your request, if the total amount of your contributions and any interest is more than \$1,000. If you DO NOT request a refund within 30 calendar days of your return to service, your contributions will be refunded to you when you retire, terminate service, or become 62 years old. To apply for a refund of your Contributory Plan contributions at this time, you must complete and return Form 16, Application for Refund of Accumulated Contributions within 30 calendar days of your return.</li> </ul> </li> </ul>			
	<ul><li>9. CONTRIBUTIONS REFUNDED AF</li><li>You will be enrolled in the Hy</li></ul>			
	<ul> <li>Complete Form EC&amp;B-24 (C</li> </ul>	laim for Service) to list your previous service	9.	
Emplo	oyee Signature	Date		
•	COMPLETE AND ATTACH: Form 1A, Desig	nation of Beneficiary (Contributory and Hybri , Claim for Service (returning members, if app	id Plan members)	
1) 2) 3)	If former non-member (NS, NE, etc.) become NEW and RETURNING Contributory (Class Designation of Beneficiary. Returning mem	nes a member, attach a copy of non-membe s A, B, D) or Hybrid (Class H) members mus	t complete Form 1A, m EC&B-24, Claim for Service.	
,	State County	Present Employment Date		
	s Membership Enrollment Form (EC&B 1) <u>mus</u> orid Plan members).			
	Personnel Office / Staff Name (Print)	Phone Number	Date	